

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 9 - 4 5

2. STATE:

New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

October 27, 1999

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 447.280

7. FEDERAL BUDGET IMPACT:

a. FFY 1999-2000 \$ 50,000

b. FFY 2000-2001 \$ 50,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D Part II Pages 11,11a

\*\*\* SEE REMARKS

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 4.19-D Part II Pages 11,11a  
Page 11(a) is a new page

10. SUBJECT OF AMENDMENT:

Rates of Payment for Intermediate Care Facilities for the Developmentally Disabled

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Antonia C. Novello, M.D., M.P.H.

14. TITLE:

Commissioner

15. DATE SUBMITTED:

December 30, 1999

16. RETURN TO:

New York State Department of Health  
Corning Tower  
Empire State Plaza  
Albany, New York 12237

- (vii) The computation of the rate resulting from the application of this paragraph can also be represented by the following formula:
- (a) 
$$\text{trended reimbursable operating costs} + \text{untrended reimbursable operating costs} + \text{reimbursable capital costs} = \text{total reimbursable costs.}$$
  - (b) 
$$\text{total reimbursable costs} / \text{units of service} = \text{the rate.}$$
- (viii) For under thirty-one bed facilities there shall be a day treatment add-on such that facilities which have day treatment services included in their operating costs shall be reimbursed in their base period rate. For day treatment services, a facility shall be reimbursed at a varying funding level, for a maximum of 225 days per year. The facility will be reimbursed at the lower of either the actual costs per the cost report (or for budget costs for newly certified facilities) or the calculated per diem fee for day treatment services pursuant to section 690.7 of this Title in effect for the appropriate fee period.
- (ix) For all facilities there shall be a day services add-on such that facilities which have the following day services included in their operating costs shall be reimbursed as follows for these services.
- (a) For sheltered workshop services, effective July 1, 1995, the facility will receive a reimbursable cost of \$9,899 per annum for each program participant. For program participants to whom the conditions set forth in subparagraph (x) of this paragraph apply, the facility will receive a reimbursable cost of \$9,499 per annum for each program participant.
  - (b) For day training services, effective July 1, 1995, the facility will receive a reimbursable cost of \$11,033 per annum for each program participant. For program participants to whom the conditions set forth in subparagraph (x) of this paragraph apply, the facility will receive a reimbursable cost of \$10,633 per annum for each program participant. Upon an agency's application, for participants receiving services in day training facilities where the Developmental Disability Profile average score for the site exceeds 348 for the adaptive score and exceeds 10 for the health score, the amount of reimbursement shall be determined by a budget review. The amount of reimbursement received by the ICF/DD for such day training services shall reflect individual service needs as well as efficiency and economy of service provision.

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Supersedes TN 99-07 Effective Date OCT 27 1999

- (c) Effective June 1, 1995, the facility will be reimbursed for education and related services in accordance with Title 8 NYCRR. These costs shall not be trended.
- (x) Effective July 1, 1997 an under thirty-one bed facility may submit to the commissioner a request for a transportation add-on for transportation of

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